

BUREAU OF MOTOR VEHICLES  
DRIVER EDUCATION PROGRAM  
#29 STATE HOUSE STATION  
AUGUSTA, MAINE 04333-0029  
*Telephone: 207-624-9156*  
*Fax: 207-624-9158*

**DRIVER EDUCATION CLASS COMPLETION REPORT**

ATTACHED TO THIS REPORT IS A LIST OF THE FULL NAMES, LEGAL RESIDENCES, BIRTH DATES, HOURS OF INSTRUCTION, COURSE COMPLETION CERTIFICATE NUMBERS FOR ALL STUDENTS COMPLETING THIS COURSE IN DRIVER EDUCATION. THIS FORM MUST BE MAILED TO THE BUREAU OF MOTOR VEHICLES AT THE ABOVE ADDRESS WITHIN 7 DAYS OF COMPLETION OF THE COURSE.

**PLEASE PRINT OR TYPE THIS REPORT**

1. School Name \_\_\_\_\_

2. Actual School Location \_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City/Town) (State) (Zip Code)

Telephone# \_\_\_\_\_ School License# \_\_\_\_\_

3. Instructor(s) Name \_\_\_\_\_

4. Class Start-up Date \_\_\_\_\_

5. Course Ending Date \_\_\_\_\_

6. Number of Students Completing Course \_\_\_\_\_

**I CERTIFY THAT EACH STUDENT HAS COMPLETED A DRIVER EDUCATION COURSE CONSISTING OF 30 HOURS OF CLASSROOM INSTRUCTION AND 10 HOURS OF ACTUAL BEHIND-THE-WHEEL DRIVING INSTRUCTION AS SET FORTH BY THE SECRETARY OF STATE. I UNDERSTAND THAT KNOWINGLY SUPPLYING FALSE INFORMATION WILL RESULT IN THE SUSPENSION OR REVOCATION OF ANY LICENSE ISSUED TO ME.**

LICENSEE'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**CLASS ROSTER AND RECORD OF INSTRUCTION**

NAME			LEGAL ADDRESS / PHONE #	DATE OF BIRTH	C.C.C.*	Permit Number
LAST	FIRST	M.I.				